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<b>CERTIFICATE OF TRANSMISSION BY FACSIMILE (37 CFR 1.8)</b>			Docket No.
Applicant(s): Timothy Hla et al.			UCT-0012
Serial No. 09/651,846	Filing Date August 31, 2000	Examiner Janet L. Epps Ford	Group Art Unit 1635
Invention: METHOD FOR REGULATING ANGIOGENESIS			
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I hereby certify that this <u>Amendment Transmittal (1 pg) &amp; Amendment (10 pgs)</u> (Identify type of correspondence)			
is being facsimile transmitted to the United States Patent and Trademark Office (Fax. No. <u>703-872-9306</u> )			
on <u>February 19, 2004</u> (Date)			
<u>Lindsay Wells</u> (Typed or Printed Name of Person Signing Certificate)			
<u>Lindsay Wells</u> (Signature)			
Note: Each paper must have its own certificate of mailing.			

<b>AMENDMENT TRANSMITTAL LETTER (Small Entity)</b>			Docket No. UCT-0012		
Applicant(s): Timothy Hla et al.					
Serial No. 09/651,846	Filing Date August 31, 2000	Examiner Janet L. Epps Ford	Group Art Unit 1635		
Invention: METHOD FOR REGULATING ANGIOGENESIS					
<u>TO THE COMMISSIONER FOR PATENTS:</u>					
Transmitted herewith is an amendment in the above-identified application.					
<input type="checkbox"/> Small Entity status of this application has been established under 37 CFR 1.27 by a verified statement previously submitted.					
<input type="checkbox"/> A verified statement to establish Small Entity status under 37 CFR 1.27 is enclosed.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	22 -	82 =	0 x	\$9.00	\$0.00
INDEP. CLAIMS	3 -	3 =	0 x	\$43.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____					
<input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 06-1130					
<input checked="" type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16.					
<input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17.					
_____ <i>Karen A. LeCuyer</i> Signature			Dated: February 19, 2004		
Karen A. LeCuyer Registration No. 51, 928 Customer No. 23413 (860) 286-2929			I certify that this document and fee is being deposited on February 19, 2004 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.		
			_____ <i>Lindsay Wells</i> Signature of Person Mailing Correspondence		
			Lindsay Wells (VIA FACSIMILE) Typed or Printed Name of Person Mailing Correspondence		
CC:					

Docket No. UCT-0012  
(Client docket #) 99-027

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant:	Timothy Hla et al.	)	
		)	Group Art Unit: 1635
Serial No.:	09/651,846	)	
		)	
Filed:	August 31, 2000	)	
		)	Before the Examiner:
For:	METHOD FOR REGULATING	)	Janet L. Epps Ford
	ANGIOGENESIS	)	

RESPONSE

VIA FACSIMILE: (703) 872-9306

Commissioner for Patents  
P. O. Box 1450  
Alexandria, VA. 22313-1450

Sir:

This response is submitted in response to the Office Action dated December 19, 2003. Allowance of the claims is requested in view of the following remarks.